



DECLARATION AND POWER OF ATTORNEY
(Docket No. 11275/73537)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Methods for Diagnosing and Treating Autoimmune Disease

the specification of which:

(check one) is attached hereto.
 was filed on _____ as
Application Serial No. _____
and was amended on _____
(if applicable)

RECEIVED
98 AUG 10 PM 2:54
GROUP 180

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, Sections 1.56(a) and 1.56(b).

I hereby claim foreign priority benefits under Title 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)		<u>DATE FILED</u>	<u>PRIORITY CLAIMED</u>	
Number	Country	_____	[]	[]
		Day/Mo./Year	Yes	No

I hereby claim the benefit under Title 35, USC 120 of any United States Patent application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (App. Ser. No.)

_____ (Filing Date)

_____ (Patented/pending/abandoned)

As a named inventor, I hereby appoint the following:

Kathleen M. Williams, Reg. No. 34,380
John P. Iwanicki, Reg. No. 34,628

Peter D. McDermott, Reg. No. 29,411
Helen A. Greer, Reg. No. 36, 816

the mailing address and telephone number of each of whom is BANNER & WITCOFF, LTD., 1 Financial Center, 45th Floor, Boston, Massachusetts, 02111, and (617) 345-9100, with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge is true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Denise L. Faustman

Inventor's signature: Denise L. Faustman Date 3/9/98
Residence: 74 Pinecroft Road, Weston, MA 02193
Citizenship: US
Post Office Address: same

Full name of second inventor: Takuma Hayashi

Inventor's signature: Takuma Hayashi Date 3/9/98
Residence: 157.5 5th Street, Cambridge, MA 02141
Citizenship: Japan
Post Office Address: same



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

98 AUG 10 PM 2:54
GROUP 180

Applicant or Patentee: Faustman, Denise and Hayashi, Takuma
Serial No.: 09/031,629
Filed: February 27, 1998
Entitled: Pathogenesis and Treatment of Autoimmunity-Transcription Defect
Attorney Docket No.: 11275/73537

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 C.F.R. §§1.9(f) AND 1.27(b)) - NONPROFIT ORGANIZATION**

Sir:

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The General Hospital Corporation
ADDRESS OF ORGANIZATION: Fruit Street, Boston, Massachusetts 02114

TYPE OF ORGANIZATION:

University or other institution of higher education
 Tax Exempt Organization under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c)(3))
 Nonprofit Scientific or Educational Institution under laws of a State of the United States

NAME OF STATE:

CITATION OF STATE LAW:

Organization that would qualify as a Tax Exempt Organization under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c)(3)), if located in the United States
 Organization that would qualify as a Nonprofit Scientific or Educational Institution under the laws of a State of the United States, if located in the United States

NAME OF STATE:

CITATION OF STATE LAW:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e) for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in the patent or application identified above.

TITLE OF INVENTION

Pathogenesis and Treatment of Autoimmunity-Transcription Defect

by inventor(s): Faustman, Denise and Hayashi, Takuma

described in

[X] the specification filed herewith
[] Application Serial No. 09/031,629, filed February 27, 1998.
[] Patent No. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with said nonprofit organization with regard to the invention described in the patent or application identified above.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small entity under 37 C.F.R. §1.9(f) or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

David Glass
NAME OF PERSON SIGNING

Associate Director ^{for} of Patents, Office of Technology Affairs
TITLE IN ORGANIZATION

Fruit Street Boston, Massachusetts 02114
ADDRESS

~~SIGNATURE~~

DATE